PAGE 1 / 13

## **FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

		thorized Committe			Office Use Only
1. NAME OF T' COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing over the lines.	ng, type	12FE4M	
, ,					
SENTRY INSURANCE	A MUTUAL COMF	PANY FEDERAL	POLITIC	AL ACTIO	N COMMITTEE
ADDRESS (number and street)	10 East Doty Street				
Check if different	Suite 701				
than previously reported. (ACC)	MADISON			WI	53703
2. FEC IDENTIFICATION NUM	IBER ▼ C	ITY 🛦	;	STATE <b>A</b>	ZIP CODE ▲
C C00545194			NEW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe Report Due On:	b 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma Ma	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	Primary (12F	9)	General	(12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (YE)	Float	ion on	D   D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Report for the:	ion on	D = D /	Y	in the State of
5. Covering Period 03	01 / 2018	through	M M M	31	2018
I certify that I have examined this	Report and to the best of	of my knowledge and	belief it is tru	e, correct and	l complete.
Type or Print Name of Treasurer	GŴIDT, PAUL, , ,				
Signature of Treasurer GWIDT	. PAUL, , ,	[Electronicall	y Filed]	Pate 04	11 2018
NOTE: Submission of false, erroneo	us, or incomplete informati	on may subject the per	son signing th	nis Report to th	ne penalties of 52 U.S.C. § 30109
Office Use					FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
S. (a) Cash on Hand January 1, 2018		43869.81
(b) Cash on Hand at  Beginning of Reporting Period	. 28377.86	
(c) Total Receipts (from Line 19)	2375.88	7147.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30753.74	51017.45
7. Total Disbursements (from Line 31)	. 2535.99	22799.70
Cash on Hand at Close of     Reporting Period     (subtract Line 7 from Line 6(d))	28217.75	28217.75
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:	01 2018	To: 03 / 31 / 2018
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees  (i) Itemized (use Schedule A)	786.17	940.17
	(ii) Unitemized(iii) TOTAL (add	1589.71	6207.47
	Lines 11(a)(i) and (ii)	2375.88	7147.64
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	2375.88	7147.64
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2375.88	7147.64
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2375.88	7147.64

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B		
Operating Expenditures:	Iotal Iffis Period	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	35.99	49.70		
Expenditures(c) Total Operating Expenditures	00.33	73.70		
(add 21(a)(i), (a)(ii), and (b))	35.99	49.70		
Transfers to Affiliated/Other Party	4 4			
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees		10750.00		
and Other Political Committees	1500.00	12750.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
,		0.00		
Loan Repayments Made	0.00	0.00		
	7 7 7			
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	3.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds		4 4 4		
(add Lines 28(a), (b), and (c))	0.00	0.00		
	45 45 45	47- 47- 48-		
Other Disbursements (Including				
Non-Federal Donations)	1000.00	10000.00		
Federal Election Activity (52 U.S.C. § 3010	01(20))			
(a) Allocated Federal Election Activity	,			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(") III '-II O'				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	000	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2535.00	22799.70		
	2535.99	22199.10		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2535.99	22799.70		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

**Operating Expenditures** 

(from Line 11(d), page 3) .....

(from Line 28(d)).....

(subtract Line 34 from Line 33) .....

(add Line 21(a)(i) and Line 21(b)) .......▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36) ......

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 2375.88 7147.64 0.00 0.00 7147.64 2375.88 35.99 49.70 0.00 0.00 35.99 49.70

FO	R LINE	PAGE		6	OF		13		
(ch	(check only one)								
<b>X</b>	<b>1</b> 1a	11b		11c		12			
	13	14		15		16			17

	for commercial purposes, other than using the n				
$\rangle$	NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTUA	AL CO	OMP/	ANY FEDERAL POLIT	TICAL ACTION COMMITTEE
١.	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, BRETT, , ,	Date of Receipt			
	Mailing Address 1427 SKY LINE DR	03			
	City STEVENS POINT	State WI			Transaction ID : SA11AI.7330  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			77.00
	Name of Employer (for Individual) SENTRY INSURANCE		•	tion (for Individual) /IATION & TRAVEL SERVICES	Memo Item PAYROLL DEDUCTION
	Receipt For:  Primary General  Other (specify) ▼	Aggreg	ate Yea	ar-to-Date ▼ 385.00	
3.	Full Name of Individual (Last, First, Middle Initial BEVERSDORF, BRETT, , , Mailing Address 1427 SKY LINE DR	nization Name	Date of Receipt		
	City STEVENS POINT	State WI		Zip Code 54482	03 18 2018  Transaction ID : SA11AI.7331  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual) SENTRY INSURANCE	77.00  Memo Item  PAYROLL DEDUCTION			
	Receipt For:  Primary General  Other (specify) ▼			VIATION & TRAVEL SERVICES ar-to-Date ▼ 462.00	
).	Full Name of Individual (Last, First, Middle Initial COLE, JEFF, , , Mailing Address 665 MAPLE AVE	l) or Fu	ıll Orga	nization Name	Date of Receipt
	City  LAKE BLUFF  FEC ID number of contributing federal political committee.	State IL	_	Zip Code 60044	03 04 2018  Transaction ID : SA11AI.7348  Amount of Each Receipt this Period  45.00
	Name of Employer (for Individual) SENTRY INSURANCE	A	AVP-NA	tion (for Individual) ATL ACCOUNTS PRODS & PRIC ar-to-Date ▼ 225.00	Memo Item PAYROLL DEDUCTION
S	UBTOTAL of Receipts This Page (optional)			<b>&gt;</b>	199.00
T	OTAL This Period (last page this line number on	ıly)			

FOR LINE NUMBER:						PAGE	=	7	OF	13	
ı	(check only one)										
ı		X	11a		11b		11c		12	2	
ı			13		14		15		16	6	17

	for commercial purposes, other than using the na								
$\rangle$	NAME OF COMMITTEE (IN FUII) SENTRY INSURANCE A MUTUA	AL C	OMP/	ANY FEDERAL POLIT	TICAL ACTION COMMITTEE				
١.	Full Name of Individual (Last, First, Middle Initial COLE, JEFF, , ,	l) or Fu	ull Orga	nization Name	Date of Receipt				
	Mailing Address 665 MAPLE AVE	03 18 2018							
	City LAKE BLUFF	State	)	Zip Code 60044	Transaction ID : SA11AI.7349  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.				45.00				
	Name of Employer (for Individual) SENTRY INSURANCE			tion (for Individual) ATL ACCOUNTS PRODS & PRI	Memo Item PAYROLL DEDUCTION				
	Receipt For:  Primary General  Other (specify) ▼	Aggre	gate Yea	ar-to-Date ▼ 270.00					
3.	Full Name of Individual (Last, First, Middle Initial DELASALLE, TERRY MICHAEL, , , Mailing Address 20 ROANOKERD	nization Name	Date of Receipt						
	City BERKELEY	State	<del>)</del>	Zip Code 94705	03 18 2018  Transaction ID : SA11AI.7351  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	36.00							
	Name of Employer (for Individual) SENTRY INSURANCE		•	tion (for Individual) N MANAGER-DO	Memo Item PAYROLL DEDUCTION				
	Receipt For:  Primary General  Other (specify) ▼	Aggre	gate Yea	ar-to-Date ▼ 216.00					
).	Full Name of Individual (Last, First, Middle Initial DUFRESNE, MICHELLE, , ,	l) or Fu	ull Orga	nization Name	Date of Receipt				
	Mailing Address 5509 ELMWOOD AVE				03 18 2018				
	City STEVENS POINT	State	)	Zip Code 54482	Transaction ID : SA11AI.7449  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			35.00				
	Name of Employer (for Individual) SENTRY INSURANCE Receipt For:		AVP-W	tion (for Individual) C CLAIMS	Memo Item PAYROLL DEDUCTION				
	Primary General Other (specify)	Aggre	gate Yea	ar-to-Date ▼ 210.00					
SI	JBTOTAL of Receipts This Page (optional)				116.00				
TC	OTAL This Period (last page this line number on	ly)							

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	8	OF	13	
	(C	he	ck only	or	ne)					
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	e name and address of any political committee to						
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	UAL COMPANY FEDERAL POLIT	TICAL ACTION COMMITTEE					
GUALDERAMA, AMANDA, , ,							
Mailing Address 4837 MARIETTA WAY	03 04 2018						
CARMICHAEL	State Zip Code CA 95608	Transaction ID : SA11AI.7372					
CARMICHAEL  FEC. ID number of contributing	92000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	44.23					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
SENTRY INSURANCE	REGIONAL GOVERNMENT AFFAIRS	PAYROLL DEDUCTION					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify) ▼	221.15						
Full Name of Individual (Last, First, Middle Ir 3. GUALDERAMA, AMANDA, , ,	litial) or Full Organization Name	Date of Receipt					
Mailing Address 4837 MARIETTA WAY		03 18 2018					
City	State Zip Code	Transaction ID : SA11AI.7373					
CARMICHAEL	CA 95608	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	44.23						
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) REGIONAL GOVERNMENT AFFAIRS	Memo Item PAYROLL DEDUCTION					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	265,38						
Full Name of Individual (Last, First, Middle Ir	litial) or Full Organization Name	Date of Receipt					
Mailing Address 3344 KARROS COURT		03 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code IL 62025	Transaction ID : SA11AI.7376					
EDWARDSVILLE	IL   62025	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	45.00					
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) BUS SEGMENT EXEC - HORTICA	Memo Item PAYROLL DEDUCTION					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	225.00						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	133.46					
TOTAL This Period (last page this line number	·						

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	9	OF	13	
	(C	he	ck only	or	ne)					
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to							
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUT	TUAL COMPANY FEDERAL POLIT	FICAL ACTION COMMITTEE						
Full Name of Individual (Last, First, Middle I HABERER, MONA, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 3344 KARROS COURT	Mailing Address 3344 KARROS COURT							
City	State Zip Code	Transaction ID : SA11AI.7377						
EDWARDSVILLE	IL 62025	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	45.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
SENTRY INSURANCE	BUS SEGMENT EXEC - HORTICA	PAYROLL DEDUCTION						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼								
Full Name of Individual (Last, First, Middle I LAMKEN, DAVID, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 4570 HAWK HAVEN RD	Mailing Address 4570 HAWK HAVEN RD							
City	State Zip Code	03 18 2018  Transaction ID : SA11AL7395						
STEVENS POINT	WI 54482	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	37.85							
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) CL BUSINESS RELATIONSHIP DIR	Memo Item PAYROLL DEDUCTION						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  227.10							
Full Name of Individual (Last, First, Middle I ROBINSON, ELISHA, , ,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1636 WHISPERING OAKS		03 18 2018						
City MOSINEE	State Zip Code WI 54455	Transaction ID : SA11AI.7451  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	40.00						
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-FP&A & PROCESS IMPROVEMENT	Memo Item PAYROLL DEDUCTION						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00							
SUBTOTAL of Receipts This Page (optional)		122.85						
TOTAL This Period (last page this line numbe	r only)							

FOR LINE NUMBER:						PAGE		10	OF	13	
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16	;	17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MU	ITUAL COMPANY FEDERAL POLIT	TICAL ACTION COMMITTEE				
Full Name of Individual (Last, First, Middle SAEGER, NICK, , ,	Date of Receipt					
Mailing Address 2360 RIVERS EDGE CT	03					
City	State Zip Code	Transaction ID : SA11AI.7419				
PLOVER	WI   54467	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	36.54				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
SENTRY INSURANCE	AVP-TRANS PRODUCTS & PRICING	PAYROLL DEDUCTION				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	219.24					
Full Name of Individual (Last, First, Middle TOTH, MIKE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4470 RIVER DR		03 04 2018				
City	State Zip Code					
PLOVER	WI 54467	Transaction ID : SA11AI.7430  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.00				
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual) AVP-CL PRICING	Memo Item PAYROLL DEDUCTION				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00					
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4470 RIVER DR		03 18 2018				
City	State Zip Code	Transaction ID: SA11AI.7431				
PLOVER	WI 54467	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.00				
Name of Employer (for Individual) SENTRY INSURANCE	Occupation (for Individual)  AVP-CL PRICING	Memo Item PAYROLL DEDUCTION				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	246.00					
SUBTOTAL of Receipts This Page (optional)	)	118.54				
TOTAL This Period (last page this line numb	per only)					

	LINE	PAGE	_ 1	11	OF	13			
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) SENTRY INSURANCE A MUTU.	AL CO	OMP	ANY FEDERAL POLIT	TICAL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initial YEISER, ROBERT, , ,  Mailing Address W5261 WINDMILL RIDGE RD	Date of Receipt								
	City NEW GLARUS	State Zip Code WI 53574			7 Transaction ID : SA11AI.7442  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period  48.16					
	Name of Employer (for Individual) SENTRY INSURANCE Receipt For:	Occupation (for Individual)  AVP-PL CUSTOMER & BRAND DEVEL			Memo Item PAYROLL DEDUCTION					
	Primary General Other (specify) ▼	Aggreg	ate Ye	ar-to-Date ▼ 240.80						
В.	Full Name of Individual (Last, First, Middle Initial YEISER, ROBERT, , , Mailing Address W5261 WINDMILL RIDGE RD									
	City NEW GLARUS	State WI		Zip Code 53574	Transaction ID : SA11AI.7443  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			48.16					
	Name of Employer (for Individual) SENTRY INSURANCE		•	ation (for Individual) L CUSTOMER & BRAND DEVE	Memo Item PAYROLL DEDUCTION					
	Receipt For:  Primary General  Other (specify) ▼									
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia	Date of Receipt								
	Mailing Address		M = M / D = D / Y = Y = Y							
	City	State Zip Code			Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.									
	Name of Employer (for Individual)	Occupation (for Individual)			Memo Item					
	Receipt For: Primary General Other (specify)	Aggreg	ate Ye	ar-to-Date ▼						
H	SUBTOTAL of Receipts This Page (optional)			<u> </u>	96.32 786.17					

### S П

SCHE	DULE B (FEC Form 3X)	EOD			INE NUMBER: PAGE 12 OF 13				
ITEMI	ZED DISBURSEMENTS		arate schedule(s)	(check only	THE THOMBETT.				
			category of the Summary Page	21b					
				28a	28b 28c 29 30b				
	rmation copied from such Reports and State ommercial purposes, other than using the nar								
	E OF COMMITTEE (In Full)								
SEI	NTRY INSURANCE A MUTUA	L COMP	ANY FEDEI	RAL POLIT	TICAL ACTION COMMITTEE				
_	Name (Last, First, Middle Initial)				B (B) .				
A. MIK	(E GALLAGHER FOR WISCO	Date of Disbursement							
Mailir	ng Address PO BOX 1027	03 05 2018							
City GREI	EN BAY	State WI	Zip Code 54305		FEC Identification Number				
	ose of Disbursement				C C00610212  Transaction ID : SB23.7318				
	ITRIBUTION								
	<sup>idate Name</sup> LLAGHER, MICHAEL, JOHN, ,			Category/	Amount of Each Disbursement this Period				
	<u> </u>	ment For: 2	2018	Туре	1000.00				
	Senate	Primary	General		Memo Item				
<b>C</b> : .	President	Other (spec	cify) 🔻						
State	33 33 33								
	Name (Last, First, Middle Initial)  NDY HULTGREN FOR CONG		Date of Disbursement						
D. KA	NOT HULIGKEN FOR CONG	M M / D D / Y Y Y Y							
Mailir	ng Address PO BOX 717	03 27 2018							
City		State IL	Zip Code 60174		FEC Identification Number				
	HARLES ose of Disbursement		0 200,000						
	NTRIBUTION				C C00467522				
	idate Name			Category/	Transaction ID : SB23.7319 Amount of Each Disbursement this Period				
HULTGREN, RANDY, , ,  Office Sought:   House Disbursement For:				Type	Table 1 Each Disputed in the Folia				
					500.00				
	Senate President	Primary	<b>∡</b> General						
State		Other (spec	Sily)		Memo Item				
Full N	Name (Last, First, Middle Initial)								
C.					Date of Disbursement				
Mailia	ng Address				M M / D D / Y Y Y Y				
ivialili	ig Addiess								
City		State	Zip Code		FEC Identification Number				
Purpo	ose of Disbursement	C							
Cand	idate Name	Amount of Each Disbursement this Period							
Office	Sought: House Disburse	Type							
	Senate	Primary	General						
State	President Other (specify) ▼				Memo Item				
Siale	: District:								
SUBTO	OTAL of Disbursements This Page (optional)				1500.00				
	3 (1 3 3)				1770.00				
TOTAL	This Period (last page this line number only	′)			1500.00				

### S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 13						
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	THE HOMBELL.					
TI LIMIZED DISDONSLIVILIA IS		category of the Summary Page	21b						
	Detailed		28a	28b 28c <b>x</b> 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
SENTRY INSURANCE A MUTUA	L COMP	ANY FEDER	RAL POLIT	TICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)				Date of Disbursement					
A. RE-ELECT SENATOR ATKINS 2									
Mailing Address 330 ENCINITAS BLVD SUITE 101	03 16 2018								
City ENCINITAS	State CA	Zip Code 92024		FEC Identification Number					
Purpose of Disbursement	-··	32324		C					
NON-FEDERAL CONTRIBUTION				Transaction ID : SB29.7323 Amount of Each Disbursement this Period					
Candidate Name			Category/						
ATKINS, TONI, , ,			Туре	1000.00					
	ement For: Primary	2020 General							
Senate X	Other (spe			Marra Harr					
State: District:		-, +		Memo Item					
Full Name (Last, First, Middle Initial)									
В.				Date of Disbursement					
Mailing Addross	Ndroop .								
walling Address	Mailing Address								
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement									
. arpose or bisbursement				C					
Candidate Name			Category/	Amount of Each Disbursement this Period					
	Type	Amount of Each Dispulsement this 1 ellou							
Office Sought: House Disburse		4 4							
Senate President	Primary	General							
State: District:	Other (spe	City)		Memo Item					
Full Name (Last, First, Middle Initial)									
C.									
Mailing Address				M M / D D / Y Y Y Y					
Mailing Address	Mailing Address								
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement	C								
Candidate Name	Amount of Each Disbursement this Period								
Senate President	Primary	General		-					
State: District:	Other (spe	ciiy) ▼		Memo Item					
Z.S.C.									
SUBTOTAL of Disbursements This Page (optional)				1000.00					
			·	1000.00					
TOTAL This Period (last page this line number only	y)			1000.00					